

Division of Public Health - Licensure Unit
 P.O. Box 94986 - Lincoln, NE 68509
 Telephone: (402) 471-4905 or cindy.l.kelley@nebraska.gov

YOUR Psychology License EXPIRES 01/01/2011. To renew your credential, you must submit this notice and fee (if requesting Active Status) to the Licensure Unit postmarked on or before **01/01/2011** to avoid expiration.

License #:	
Name:	
Address:	
City/State/Zip:	

Check Requested Status:

- ☐ ACTIVE \$183.00
☐ INACTIVE No Fee
 (See definition below)
- ☐ MILITARY WAIVER No Fee

Make payable to:
 DHHS, Licensure Unit
 (you will NOT receive a receipt)

NAME & ADDRESS CHANGES: If your name or address is incorrect, cross out incorrect information and print correction. For name changes, you must submit a copy of marriage certificate, court order, etc., to provide proof of legal name. If not submitted, the credential will be issued in the name as printed above.
Access to Licensure Information: Since licensure Information is public, it can be accessed at <http://www.nebraska.gov/LISSearch/search.cgi>

RENEWAL NOTICE: This is the ONLY notice you will receive. If you fail to complete any section of this renewal form, it will be returned to you and it must be resubmitted and postmarked by the expiration date. If you fail to meet the requirements for renewal on or before the date of expiration, or fail to place your credential on Inactive Status, it will expire without further notice or hearing. When your credential expires, the right to represent yourself as a credentialed person and to practice the profession in which a credential is required will terminate. Any credentialed person who fails to renew the credential by the expiration date and desires to resume practice of the profession must apply to the Department for reinstatement of the credential.

YOU MUST ANSWER THE QUESTIONS/INFORMATION LISTED ON PAGE 3 OF THIS RENEWAL. To renew your license, you must have a valid Social Security #, or an Alien Registration #, or a Form I-94 # and you must answer the questions ON PAGE 3 of this renewal form. **Answer each of the questions with regard to the time period since your last renewal (January 1, 2009); or if you were initially licensed after (1-1-2009) answer the questions with regard to that time period.**

ADMINISTRATIVE PENALTY: AN INDIVIDUAL WHO PRACTICES PSYCHOLOGY AFTER THE EXPIRATION OF HIS/HER CREDENTIAL IS SUBJECT TO ASSESSMENT OF AN ADMINISTRATIVE PENALTY OF \$10 PER DAY UP TO \$1,000 or such other action as provided in the statutes and regulations governing the credential.

INACTIVE: If you elect not to renew your credential, you may select Inactive Status. Inactive means that you cannot practice but may represent yourself as having an inactive credential. To change from inactive to active status you MUST contact this office for an application and meet the reinstatement requirements which are in effect at the time the status change is requested. You do not have to meet the continuing competency requirements to request Inactive Status.

CONTINUING COMPETENCY (See Page 2 of this renewal) You must have completed 24 hours of continuing education between JANUARY 1, 2009 AND JANUARY 1, 2011 for renewal of your license. **DO NOT SUBMIT CONTINUING EDUCATION CERTIFICATES TO THIS OFFICE UNLESS THEY ARE REQUESTED.**

CONTINUING COMPETENCY

WAIVER: If you **have not** completed the continuing education and qualify for a waiver or were first licensed within the 24 months immediately prior to the expiration date, check the request/reason:

<input type="checkbox"/>	Military: I have served in the regular armed forces of the United States during part of the 24 months immediately preceding the biennial licensure renewal date. (Attach official documentation stating dates of service)
<input type="checkbox"/>	Initial License: I was first licensed within the 24 months immediately preceding the licensure renewal date. Date issued: _____

Documentation (if requested above) must be provided to support your request for waiver of continuing education. If the specified documentation is not submitted, review and processing of your license renewal cannot occur.

CONTINUING EDUCATION (CE): To renew your license, you must have completed 24 hours of continuing education between January 1, 2009 and January 11, 2011. DO NOT SUBMIT CONTINUING EDUCATION CERTIFICATES TO THIS OFFICE UNLESS THEY ARE REQUESTED.

VERIFICATION OF CONTINUING EDUCATION (CE): Check the following box if you **HAVE** completed the required Continuing Education.

<input type="checkbox"/>	Yes, I have completed at least 24 hours of continuing education between January 1, 2009 and January 1, 2011.
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Continuing Education criteria is listed below:

1. Developing and teaching an academic course in an institution accredited by a regional accrediting agency. Credit will be granted only for the first time the licensee teaches the course during the renewal period and cannot be used for subsequent renewal periods.
 - a. 1 semester hour of graduate academic credit equals 15 hours continuing competency credit.
2. Satisfactorily completing a graduate level course offered by an institution accredited by a regional accrediting agency. Credit will be granted only for the first time it is completed, and it must be completed during the renewal period for which it is submitted.
 - a. 1 semester hour of graduate academic credit equals 15 hours of continuing competency credit.
3. Authoring or editing a peer-reviewed psychological practice oriented publication. Continuing competency credit may be earned only in the year of publication or first distribution.
 - a. Senior/1st author of a peer-reviewed psychological practice oriented professional or scientific book equals 16 hours of competency credit;
 - b. Senior/1st author of a peer-reviewed psychological practice oriented professional or scientific book chapter equals 8 hours of continuing competency credit;
 - c. Senior/1st author of a peer-reviewed psychological practice oriented professional journal article equals 8 hours of continuing competency credit; and
 - d. Editor of a peer-reviewed psychological practice oriented professional or scientific book/journal equals 16 hours of continuing competency credit.
4. Presenting or attending workshops, seminars, symposia, colloquia, invited speaker sessions, meetings of professional or scientific organizations, homestudy, or videos.
 - a. 60 minutes of presentation or attendance equals 1 hour of continuing competency credit.
 - b. Only activities approved by the following organizations are acceptable:
 - (1) The American Psychological Association (APA);
 - (2) The American Medical Association; (AMA) Nebraska Medical Association (NMA)
 - (3) The American Nurses Credentialing Center's Commission on Accreditation;
 - (4) Nebraska Nurses Association (NNA);
 - (5) National Association of Alcohol and Drug Abuse Counselors (NAADAC) or Nebraska Certified Alcohol and Drug Abuse Counselors (NCADAC);
 - (6) National Association of Social Workers (NASW);
 - (7) National Counselors Association (NCA); or
 - (8) National Association of Marriage and Family Therapists (NAMFT).

YOU MUST COMPLETE THE FOLLOWING QUESTIONS/INFORMATION: To renew your license, you must have a valid Social Security #, or an Alien Registration #, or a Form I-94 # and you must answer the below stated questions.



1	Enter your Social Security Number, Alien Registration Number, and/or I-94 Number? If you have both a SSN and an A# or I-94 number, enter both #s.
	<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> Social Security # Alien Registration # Form I-94 (Arrival-Departure Record) # </div> <div style="width: 55%;"> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> </div> </div>
Alien or Non-Immigrant: If you are an Alien or Non-Immigrant, you must submit a copy of one of the following documents with this renewal application: a. An Alien Registration Receipt Card (Form I-551, otherwise known as a "Green Card"); b. An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport; c. A document showing an Alien Registration Number ("A#") with visa status; or d. A Form I-94 (Arrival-Departure Record) with visa status;	

Answer each of the following questions with regard to the time period since your last renewal; or if you were initially licensed after (1/1/2009) answer the questions with regard to that time period.

If you answer NO to questions 2 - 3, you must provide an explanation.

2	Are you of good character?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Are you mentally and physically capable of practicing your profession?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answer YES to any of questions 4-17, you must provide an explanation.

4	Have you committed any immoral or dishonorable acts that would evidence unfitness to practice your profession?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Have you abused or become dependent on or actively addicted to alcohol, any controlled substance, or any mind-altering substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Have you been convicted in any jurisdiction of a misdemeanor or felony? If you answer YES to this question, you must request the following documents be sent directly to this office: <ul style="list-style-type: none"> A list of any misdemeanor or felony convictions; A copy of the court record, which includes charges and disposition; Explanation from the applicant of the events leading to the conviction (what, when, where, why) and a summary of actions the applicant has taken to address the behaviors/actions related to the convictions; All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required; and A letter from the probation officer addressing probationary conditions and current status, if the applicant is currently on probation. NOTE: If you have any criminal charges or license disciplinary actions pending that result in conviction or license discipline, you must report such actions to this department within 30 days of the conviction/action (Neb. Rev. Stat. 38-1,125. Failure to disclose any such convictions/licensure discipline could result in disciplinary action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Have you practiced your profession: <ul style="list-style-type: none"> Fraudulently? Beyond its authorized scope? With gross incompetence or gross negligence? In a pattern of incompetent or negligent conduct? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
8	Have you practiced your profession while your ability to do so was impaired by alcohol, controlled substances, drugs, mind-altering substances, physical disability, mental disability, or emotional disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Have you permitted, aided, or abetted the practice of any profession by a person not credentialed to do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Do you hold a credential that was issued by another jurisdiction(s) to provide health services, health-related services, or environmental services in another jurisdiction? If yes, has any credential been denied, refused renewal, or disciplined by another jurisdiction(s)? If yes, please provide a list of any disciplinary actions taken against your credential and a copy of the disciplinary action(s), including charges and disposition.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
11	Have you been denied the opportunity to take a Credentialing Examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	Have you used untruthful, deceptive, or misleading advertising?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	Have you been convicted of fraudulent or misleading advertising, or of violating the Uniform Deceptive Trade Practices Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14	Have you unlawfully distributed intoxicating liquors, controlled substances, or drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15	Have you invaded a field of practice for which you are not credentialed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16	Have you violated: <ul style="list-style-type: none"> The Uniform Credentialing Act? Mandatory Reporting Regulations? The Uniform Controlled Substances Act? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
17	Have you committed any acts of unprofessional conduct relating to the practice of your profession? (Refer to the practice act and regulations for your profession)	<input type="checkbox"/> Yes <input type="checkbox"/> No

SIGNATURE: The information I have provided in this application to renew my credential is true, complete, and correct.



Signature _____

Date _____

You **may** provide the following information if you wish to be contacted by these means:

Phone: _____ Fax: _____

E-mail Address